FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ONGANIZATIO	/IN		
	(See instructions)		Office use only	
NAME OF COMMITTEE (in	full) (Check if name Example) is changed) over	ample: If typying, type or the lines	12FE4M5	
ANDREWS F	OR CONGRESS COMMITTEE			
	<u> </u>			لبب
ADDRESS (number and	street) 215 Fourth Avenue			لبيا
(Check if address is changed)	ress SUITE 200			ш
	Haddon Heights		NJ 08035	
COMMITTERICE	CITY⊿	<b>L</b>	STATE▲ ZIP CODE	<b>_</b>
COMMITTEE'S E-M/				1
COMMITTEE'S WEE	PAGE ADDRESS (URL)			•
				لبب
				لبب
COMMITTEE'S FAX 9085735466	NUMBER			
2. DATE 0 5 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
3. FEC IDENTIFICATION NUMBER C C00243428				
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)				
I certify that I have exam	nined this Statement and to the best of my knowledge a	and belief it is true, correct and	d complete	
Type or Print Name o	Treasurer Maureen Doherty			
Signature of Treasure	r Electronically Filed by <b>Maureen Dohert</b>	у	Date 05 / DD / Y	<b>2</b> 007
NOTE: Submission of f	alse, erroneous, or incomplete information may subject		•	
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		